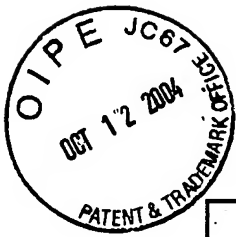




| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | Docket Number (Optional)<br>229752000701 |  |                                                                   |           |                                                         |    |                                                           |    |                                                          |    |                                                          |    |
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| In re Application of Paul Z. ZIMMET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                          |  |                                                                   |           |                                                         |    |                                                           |    |                                                          |    |                                                          |    |
| Application Number<br>10/067,832                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | Filed<br>June 3, 2002                    |  |                                                                   |           |                                                         |    |                                                           |    |                                                          |    |                                                          |    |
| For A NOVEL GENE AND USES THEREFOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                          |  |                                                                   |           |                                                         |    |                                                           |    |                                                          |    |                                                          |    |
| Art Unit<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Examiner<br>Not Yet Assigned             |  |                                                                   |           |                                                         |    |                                                           |    |                                                          |    |                                                          |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952</p> <p><del>I have enclosed a duplicate copy of this sheet.</del> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/><input type="checkbox"/> attorney or agent of record. Registration Number<br/><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) 38,503</p> <p>October 12, 2004<br/>Date</p> <p>(703) 760-7756<br/>Telephone Number</p> <p><br/>Signature</p> <p>Wayne C. Jaeschke<br/>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of 1 forms are submitted.</p> |           |                                          |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ 110.00 |                                          |  |                                                                   |           |                                                         |    |                                                           |    |                                                          |    |                                                          |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$        |                                          |  |                                                                   |           |                                                         |    |                                                           |    |                                                          |    |                                                          |    |
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| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$        |                                          |  |                                                                   |           |                                                         |    |                                                           |    |                                                          |    |                                                          |    |
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PTO/SB/17 (10-04)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>FEE TRANSMITTAL</b>                                                                                                                                                |          |              |               | <b>Complete if Known</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>                                                                                      |          |              |               | Filing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                                        |          |              |               | First Named Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Paul Z. ZIMMET   |                                                         |          |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |                                        |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
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| <b>TOTAL AMOUNT OF PAYMENT</b>                                                                                                                                        |          | <b>(\$)</b>  | <b>110.00</b> | Attorney Docket No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>METHOD OF PAYMENT (check all that apply)</b>                                                                                                                       |          |              |               | <b>FEE CALCULATION (continued)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None |          |              |               | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td>110.00</td></tr><tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>490</td><td>2502</td><td>245</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>660</td><td>2503</td><td>330</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr><tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr><tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="6">Other fee (specify) _____</td></tr><tr><td colspan="4"><b>SubTOTAL (1) (\$)</b></td><td><b>SubTOTAL (3) (\$)</b></td><td><b>110.00</b></td></tr></tbody></table> |                  | Large Entity                                            |          | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month | 110.00 | 1252 | 430 | 2252 | 215 | Extension for reply within second month |  | 1253 | 980 | 2253 | 490 | Extension for reply within third month |  | 1254 | 1,530 | 2254 | 765 | Extension for reply within fourth month |  | 1255 | 2,080 | 2255 | 1,040 | Extension for reply within fifth month |  | 1401 | 340 | 2401 | 170 | Notice of Appeal |  | 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal |  | 1403 | 300 | 2403 | 150 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,370 | 2501 | 685 | Utility issue fee (or reissue) |  | 1502 | 490 | 2502 | 245 | Design issue fee |  | 1503 | 660 | 2503 | 330 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SubTOTAL (1) (\$)</b> |  |  |  | <b>SubTOTAL (3) (\$)</b> | <b>110.00</b> |
| Large Entity                                                                                                                                                          |          | Small Entity |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Fee Description                                         | Fee Paid |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |               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| Fee Code                                                                                                                                                              | Fee (\$) | Fee Code     | Fee (\$)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 1051                                                                                                                                                                  | 130      | 2051         | 65            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Surcharge - late filing fee or oath                     |          |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |                                        |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1052                                                                                                                                                                  | 50       | 2052         | 25            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Surcharge - late provisional filing fee or cover sheet. |          |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |                                        |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1053                                                                                                                                                                  | 130      | 1053         | 130           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Non-English specification                               |          |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |               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| 1812                                                                                                                                                                  | 2,520    | 1812         | 2,520         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | For filing a request for <i>ex parte</i> reexamination  |          |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |               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| 1804                                                                                                                                                                  | 920*     | 1804         | 920*          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Requesting publication of SIR prior to Examiner action  |          |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |               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| 1805                                                                                                                                                                  | 1,840*   | 1805         | 1,840*        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Requesting publication of SIR after Examiner action     |          |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |               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| 1251                                                                                                                                                                  | 110      | 2251         | 55            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | Extension for reply within first month                  | 110.00   |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |               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| 1252                                                                                                                                                                  | 430      | 2252         | 215           | Extension for reply within second month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1253                                                                                                                                                                  | 980      | 2253         | 490           | Extension for reply within third month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1254                                                                                                                                                                  | 1,530    | 2254         | 765           | Extension for reply within fourth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1255                                                                                                                                                                  | 2,080    | 2255         | 1,040         | Extension for reply within fifth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1401                                                                                                                                                                  | 340      | 2401         | 170           | Notice of Appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 1402                                                                                                                                                                  | 340      | 2402         | 170           | Filing a brief in support of an appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1403                                                                                                                                                                  | 300      | 2403         | 150           | Request for oral hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1451                                                                                                                                                                  | 1,510    | 1451         | 1,510         | Petition to institute a public use proceeding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 1452                                                                                                                                                                  | 110      | 2452         | 55            | Petition to revive - unavoidable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1453                                                                                                                                                                  | 1,330    | 2453         | 665           | Petition to revive - unintentional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1501                                                                                                                                                                  | 1,370    | 2501         | 685           | Utility issue fee (or reissue)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1502                                                                                                                                                                  | 490      | 2502         | 245           | Design issue fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1503                                                                                                                                                                  | 660      | 2503         | 330           | Plant issue fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                         |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1460                                                                                                                                                                  | 130      | 1460         | 130           | Petitions to the Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1807                                                                                                                                                                  | 50       | 1807         | 50            | Processing fee under 37 CFR 1.17(q)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                         |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1806                                                                                                                                                                  | 180      | 1806         | 180           | Submission of Information Disclosure Stmt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                         |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 8021                                                                                                                                                                  | 40       | 8021         | 40            | Recording each patent assignment per property (times number of properties)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                         |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1809                                                                                                                                                                  | 790      | 2809         | 395           | Filing a submission after final rejection (37 CFR 1.129(a))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                         |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1810                                                                                                                                                                  | 790      | 2810         | 395           | For each additional invention to be examined (37CFR 1.129(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                         |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1801                                                                                                                                                                  | 790      | 2801         | 395           | Request for Continued Examination (RCE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                        |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| 1802                                                                                                                                                                  | 900      | 1802         | 900           | Request for expedited examination of a design application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                         |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| Other fee (specify) _____                                                                                                                                             |          |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                         |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |                                                               |  |      |     |      |     |                                         |  |      |     |      |     |                                                           |  |                           |  |  |  |  |  |                          |  |  |  |                          |               |
| <b>SubTOTAL (1) (\$)</b>                                                                                                                                              |          |              |               | <b>SubTOTAL (3) (\$)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>110.00</b>    |                                                         |          |              |  |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |                                                         |  |      |     |      |     |                           |  |      |       |      |       |                                                        |  |      |      |      |      |                                                        |  |      |        |      |        |                                                     |  |      |     |      |    |                                        |        |      |     |      |     |                                         |  |      |     |      |     |                                        |  |      |       |      |     |                                         |  |      |       |      |       |                                        |  |      |     |      |     |                  |  |      |     |      |     |                                        |  |      |     |      |     |                          |  |      |       |      |       |                                               |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                                           |  |      |    |      |    |                                                                            |  |      |     |      |     |                                                             |  |      |     |      |     |       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| <b>SUBMITTED BY</b> |                   | <b>(Complete if applicable)</b>   |                  |
|---------------------|-------------------|-----------------------------------|------------------|
| Name (Print/Type)   | Wayne C. Jaeschke | Registration No. (Attorney/Agent) | 38,503           |
| Signature           |                   | Telephone                         | (703) 760-7756   |
|                     |                   | Date                              | October 12, 2004 |